

State of Connecticut Department of Public Safety Division of State Police

OPS-90-C (Rev. 04/'03) CRIMINAL INFORMATION SUMMARY						ADDITIONAL PAGES		
ROOP/UNIT: A 3330 OTHER INVOLVED AGENCY: NO YES,								
	IGATING TROOPER / OFFICER:			DPS CASE NUMBER:				
1/06/04 1012 hrs Tor. Saraceno #1265 CATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY):			65	DPS-04-055605				
Garner Correctional Center Newtown CT								
SUMMARY OF INCIDENT OR AFFIDAVIT: ARREST MADE UNDER INVESTIGATION								
Troop A was notofied thata physical assult took place in D-Block. Inmate								
Karl Caman, DOB: 09/19/74 assualted a correctional officer, David Lapointe.								
Officer Lapointe recieved a head injury and was transported to Danbury								
Hospital. Officer Lappinte was treated and released.								
VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FINAME / BUSINESS / AGENCY:						JUVENILE: INJURED:		
C.O. LaPointe, David		_	200000000000000000000000000000000000000			YES	⊠ YES	
Carrier Correct					AGE:		E-111	
NAME / BUSINESS / AGENCY:	☐ M ☐ F ADDRESS: (TOWN/CITYASTATE ONLY)				JUVENILE: INJURED:		INJURED:	
					AGE: NO			
ME / BUSINESS / AGENCY: M F ADDRESS: (TOWN/CITY&STATE ONLY)				JUVENILE:		INJURED:		
						YES YES		
ACCUSED: ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS- IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)								
NAME: DOB; ADDRESS:								
Caman, Karl (Innate) 09/19/74 Garner Correctional Center								
CHARGES:	COURT: BOND:					INJURED:		
1.	GA:		□ NON-SURE	☐ YES ☐ NO AMBULANCE:				
2. 3.	TOWN:	.	AMOUNT'S:		☐ YES ☐ NO			
4.	1011.11	. 1	☐ TO BE PRESENTED AT COURT☐ TRANS TO DEPT OF CORRECTIONS			HOSPITAL:		
4.	DATE:		☐ TRANSTO	DEPT OF CORRECTION	S (#):			
NAME:	F	DOB:	ADDRESS:					
CHARGES:	COURT:		BOND:	□ SURETY		INJURE		
1. 2.	GA:		NON-SURE			YES NO		
3.	JOWN:		AMOUNT \$:		YES NO			
4.				SENTED AT COURT DEPT OF CORRECTION	sa.	HOSPITAL:		
	DATE:		ber t of contaction	3 661				
NAME:	F	DOB:	ADDRESS:					
CHARGES:	COURT:		BOND:	□ SURETY	,	INJURED:		
1. 2.	GA:		NON-SURE	TY WPTA	☐ YES ☐ NO AMBULANÇE:		ANCE	
3.	TOWN:		AMOUNT'S:		☐ YES ☐ NO HOSPITAL:			
4.			TO BE PRESENTED AT COURT TRANSTO DEPT OF CORRECTIONS @:				200	
	DATE:		- 11011190	DEI I OF COMMECTION	D (6).			
NAME;	F	DOB:	ADDRESS:					
CHARGES: 1.	COURT:		BOND:	SURETY		INJURE	D:	
2.	On.	□ NON-SURETY □ WPCA AMBU			AMBUL	ANCE:		
3.	TOWN:	OWN: AMOUNT S:						
4.		1		TO BE PRESENTED AT COURT TRANS TO DEPT OF CORRECTIONS &				
	DATE:				- 0.			
SUPERVISOR'S APPROVAL REQUIRED: INITIALS: ID #: DATE: - O \(\varphi - \varphi \) THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE FREEDOM OF INFORMATION LAWS.								
FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OF FICE. PHONE: 860-685-8230 FAX: 860-685-8301 TO BE								

CSP TROOP A